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Image# 201601299004734699

FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

FURIN 3X   F	or Other Than An	Authorized Comm	ittee	Offic	ce Use Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If ty over the lines		12FE4M5	
Omnicare, Inc. Political	Action Committee	<b>ee</b>			
ADDRESS (number and street)	1275 Pennsylvania Av	venue, NW			
Check if different than previously reported. (ACC)	Washington			DC 2	0004
2. FEC IDENTIFICATION NU	MBER ▼	CITY 🛦		STATE A	ZIP CODE 🛦
C C00392886		3. IS THIS REPORT	NEW (N) <b>OR</b>	AMEND (A)	ED
4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:  April 15 Quarterly Report (Q	(b) Monthly Report Due On:	Feb 20 (M2)  Mar 20 (M3)  Apr 20 (M4)  Primary (1)	May 20 (M5)  Jun 20 (M6)  Jul 20 (M7)	Aug 20 (M Sep 20 (M Oct 20 (M General (12G)	M9) Dec 20 (M12) (Non-Election Year Only)  M10) Jan 31 (YE)
July 15 Quarterly Report (Q: October 15 Quarterly Report (Q: X January 31 Year-End Report (YE	3)		n (12C)	Special (12S)	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)  Termination Report (TER)	POST-Elect Report for t	the:	30G)	Runoff (30R)	Special (30S)
5. Covering Period 10	/ / D D / Y I Y	Election on 2015 through	n 12	/ D D / Y	State of 2015
I certify that I have examined this	•	est of my knowledge an	d belief it is tru	e, correct and con	nplete.
Type or Print Name of Treasurer Signature of Treasurer  Heath	Heather Cutler er Cutler	[Electronic	rally Filed] D	ate 01	29 / 2016
NOTE: Submission of false, errone	ous, or incomplete infor	rmation may subject the p	person signing th	is Report to the pe	nalties of 2 U.S.C. §437g.
Office Use				F	EC FORM 3X Rev. 12/2004

**SUMMARY PAGE** OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name Omnicare, Inc. Political Action Committee 10 01 2015 2015 Report Covering the Period: 12 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 104128.25 January 1, 2015 (b) Cash on Hand at 122603.56 Beginning of Reporting Period..... 24897.28 5122.28 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 127725.84 129025.53 6(a) and 6(c) for Column B)..... 1031.39 2331.08 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 126694.45 126694.45 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact:

> Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Omnicare, Inc. Political Action Comm	nittee
--------------------------------------	--------

Report Covering the Period: From: 10	01 2015 To	o: 12 31 2015
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	4989.28	13564.28
(i) Itemized (use Schedule A)	4909.20	10304.20
(ii) Unitomized	133.00	11333.00
(ii) Unitemized(iii) TOTAL (add	133.00	11000.00
Lines 11(a)(i) and (ii)	5122.28	24897.28
zinco rr(a)(i) ana (ii)	7	
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	5100.00	24907.20
Totals to Line 33, page 5)	5122.28	24897.28
Transfers From Affiliated/Other		0.00
Party Committees	0.00	0.00
. All Loans Received	0.00	0.00
All Loans Neceived		
Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures	0.00	7
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made		7
to Federal Candidates and Other		
Political Committees	0.00	0.00
Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
_		
(b) Levin Funds (from Schedule H5)	0.00	0.00
(1) Table Toronton (1) 1 (2) (1) 1 (2) (1)	0.00	
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
	, , ,	, ,
. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	5122.28	24897.28
	7	
. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	5122.28	24897.28

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN B Calendar Year-to-Date	
21.	Operating Expenditures:  (a) Allocated Federal/Non-Federal  Activity (from Schedule H4)	Total This Period	Salonda Tear-to-Date
	(i) Federal Share	0.00	0.00
	(ii) New Federal Observ	0.00	0.00
	(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00
	Expenditures	0.00	439.86
	(c) Total Operating Expenditures		400.00
	(add 21(a)(i), (a)(ii), and (b))▶	0.00	439.86
	Transfers to Affiliated/Other Party Committees	0.00	0.00
	Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00
	Independent Expenditures	7 7	
	(use Schedule E)	0.00	0.00
•	Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	
	(use Schedule F)	0.00	0.00
	Loan Repayments Made	0.00	0.00
	Loans Made	0.00	0.00
	Refunds of Contributions To: (a) Individuals/Persons Other		
	Than Political Committees	0.00	0.00
			0.00
	(b) Political Party Committees(c) Other Political Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))▶	0.00	0.00
	(333)		
	Other Disbursements	1031.39	1891.22
	Federal Election Activity (2 U.S.C. §431(20))		
	(a) Allocated Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely		
	With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	1031.39	2331.08
	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	1024 20	2331.08
	from Line 31)	1031.39	2331.08

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures				
33. Total Contributions (other than loans) (from Line 11(d), page 3)	5122.28	24897.28		
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00		
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5122.28	24897.28		
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	439.86		
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00		
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	439.86		

#### SCHEDULE A (FEC Form 3X) IT

FOR LINE NUMBER: PAGE

EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	`	ck only 11a 13	one) 11b 14	11c 15	12 16	 17
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Ar or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) Todd Anderson Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 09 2015 10 City Zip Code State Transaction ID: 2016012814630-231 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation Pharmacy General Manager Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) Full Name (Last, First, Middle Initial) B. Todd Anderson Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 10 23 2015 City State Zip Code Transaction ID: 2016012814630-232 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation Omnicare, Inc. Pharmacy General Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) Full Name (Last, First, Middle Initial) c. Todd Anderson Date of Receipt Mailing Address 201 E. Fourth Street 06 2015 900 Omnicare Center City State Zip Code Transaction ID: 2016012814630-233 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation Pharmacy General Manager Omnicare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: **PAGE** 7 OF 102 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) Todd Anderson Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 2015 20 City Zip Code State Transaction ID: 2016012814630-234 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation Omnicare. Inc. Pharmacy General Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) Full Name (Last, First, Middle Initial) B. Todd Anderson Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 12 04 2015 City State Zip Code Transaction ID: 2016012814630-235 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation Omnicare, Inc. Pharmacy General Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) Full Name (Last, First, Middle Initial) c. Todd Anderson Date of Receipt Mailing Address 201 E. Fourth Street 18 2015 900 Omnicare Center City Zip Code State Transaction ID: 2016012814630-236 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation Omnicare, Inc. Pharmacy General Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

#### SCHEDULE A (FEC Form 3X) IT

FOR LINE NUMBER: PAGE

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EMIZED RECEIPTS	for each category of the Detailed Summary Page	`	ck only 11a 13	y one) 11b 14	11	Ic [	12 16		17
ny information copied from such Reports and Statements ma	ay not be sold or used by any pe	rson fo	or the	purpose of	solic	iting	contribut	tions	

Ar or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) Todd Anderson Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 2015 31 City Zip Code State Transaction ID: 2016012814630-237 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation Omnicare. Inc. Pharmacy General Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) Full Name (Last, First, Middle Initial) B. Alan Bell Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 10 09 2015 City State Zip Code Transaction ID: 2016012814630-238 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation Omnicare, Inc. Senior Director, Clinical Services Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) Full Name (Last, First, Middle Initial) c. Alan Bell Date of Receipt Mailing Address 201 E. Fourth Street 10 23 2015 900 Omnicare Center City State Zip Code Transaction ID: 2016012814630-239 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation Omnicare, Inc. Senior Director, Clinical Services Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: **PAGE** 9 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

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Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) Alan Bell Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 2015 06 City Zip Code State Transaction ID: 2016012814630-240 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation Senior Director, Clinical Services Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) Full Name (Last, First, Middle Initial) B. Alan Bell Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 11 20 2015 City State Zip Code Transaction ID: 2016012814630-241 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation Omnicare, Inc. Senior Director, Clinical Services Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) Full Name (Last, First, Middle Initial) c. Alan Bell Date of Receipt Mailing Address 201 E. Fourth Street 04 2015 900 Omnicare Center City Zip Code State Transaction ID: 2016012814630-242 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation Omnicare, Inc. Senior Director, Clinical Services Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 10 OF 102 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 13 14 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) Alan Bell Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 2015 12 City Zip Code State Transaction ID: 2016012814630-243 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation Senior Director, Clinical Services Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) Full Name (Last, First, Middle Initial) B. Alan Bell Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 12 31 2015 City State Zip Code Transaction ID: 2016012814630-244 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation Omnicare, Inc. Senior Director, Clinical Services Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) Full Name (Last, First, Middle Initial) c. Jonathan Borman Date of Receipt Mailing Address 201 E. Fourth Street 09 10 2015 900 Omnicare Center City Zip Code State Transaction ID: 2016012814630-245 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 15.00 С federal political committee. Name of Employer Occupation Omnicare, Inc. VP. Strategic Sourcing Receipt For: Aggregate Year-to-Date ▼ Primary General 405.00 Other (specify) 55.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 11 OF 102 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) Jonathan Borman Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 2015 10 City Zip Code State Transaction ID: 2016012814630-246 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 15.00 federal political committee. Name of Employer Occupation VP. Strategic Sourcing Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 405.00 Other (specify) Full Name (Last, First, Middle Initial) B. Jonathan Borman Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 11 06 2015 City State Zip Code Transaction ID: 2016012814630-247 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 15.00 federal political committee. Name of Employer Occupation Omnicare, Inc. VP. Strategic Sourcing Receipt For: Aggregate Year-to-Date ▼ Primary General 405.00 Other (specify) Full Name (Last, First, Middle Initial) c. Jonathan Borman Date of Receipt Mailing Address 201 E. Fourth Street 20 2015 900 Omnicare Center City Zip Code State Transaction ID: 2016012814630-248 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 15.00 С federal political committee. Name of Employer Occupation Omnicare, Inc. VP. Strategic Sourcing Receipt For: Aggregate Year-to-Date ▼ Primary General 405.00 Other (specify) 45.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOF	R LINE	NU	<b>MBER</b>	:	PAGE	·	12	OF	102
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for each category of the Detailed Summary Page	X	11a		11b		11c		12		
		13		14		15		16		17

or		e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)	Committee	
	Omnicare, Inc. Political Action (	Committee	
Α.	Full Name (Last, First, Middle Initial)  Jonathan Borman		Date of Receipt
<i>,</i>	Mailing Address 201 E. Fourth Street		M = M / D = D / Y = Y = Y
	900 Omnicare Center		12 04 2015
	City	State Zip Code	Transaction ID: 2016012814630-249
	Cincinnati	OH 45202	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer	Occupation	
	Omnicare, Inc.	VP. Strategic Sourcing	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General	Aggregate Total to Bate V	
	Other (specify) ▼	405.00	
В.	Full Name (Last, First, Middle Initial) Jonathan Borman		Date of Receipt
	Mailing Address 201 E. Fourth Street		M = M / D = D / Y = Y = Y
	900 Omnicare Center		12 18 2015
	City	State Zip Code	Transaction ID: 2016012814630-250
	Cincinnati	OH 45202	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer	Occupation	
	Omnicare, Inc.	VP. Strategic Sourcing	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General	00 0	
	Other (specify) ▼	405.00	
<u> </u>	Full Name (Last, First, Middle Initial)  Jonathan Borman		Date of Receipt
	Mailing Address 201 E. Fourth Street 900 Omnicare Center		12 31 2015 _
	City	State Zip Code	Transaction ID : 2016012814630-251
	Cincinnati	OH 45202	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer	Occupation	
	Omnicare, Inc.	VP. Strategic Sourcing	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General		
	Other (specify) ▼	405.00	
H	UBTOTAL of Receipts This Page (optional)	only)	45.00

	FOR	LINE	NU	IMBER	:	PAGE	•	13 OF	1	02
Use separate schedule(s)	(che	ck only	or	ne)						
for each category of the Detailed Summary Page	X	11a		11b		11c		12		
_ common common, conge		13		14		15		16		17

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or for commercial purposes, other than using the	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action	Committee	
Full Name (Last, First, Middle Initial)  A. Barry Bress		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		10 09 2015
City	State Zip Code	Transaction ID : 2016012814630-259
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Omnicare, Inc.	VP, Retail Pharmacy Operations	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	460.00	
Full Name (Last, First, Middle Initial)  3. Barry Bress		Date of Receipt
Mailing Address 201 E. Fourth Street		M M / D D / Y Y Y Y Y
900 Omnicare Center		10 23 2015
City	State Zip Code	Transaction ID : 2016012814630-260
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	1
Omnicare, Inc.	VP, Retail Pharmacy Operations	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	460.00	
Full Name (Last, First, Middle Initial)  Barry Bress		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		11 06 2015
City	State Zip Code	Transaction ID : 2016012814630-261
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	•
Omnicare, Inc.	VP, Retail Pharmacy Operations	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	460.00	
SUBTOTAL of Receipts This Page (optional)		60.00
TOTAL This Period (last page this line number	r only)	

FOR LINE NUMBER: PAGE 14 OF 102 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 13 14 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) Craig Capell Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 2015 10 09 City Zip Code State Transaction ID: 2016012814630-262 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation Senior Director, Client Relations Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mark Celebre Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 10 09 2015 City State Zip Code Transaction ID: 2016012814630-263 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation Omnicare, Inc. Regional Customer Service Director Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mark Celebre Date of Receipt Mailing Address 201 E. Fourth Street 10 23 2015 900 Omnicare Center City Zip Code State Transaction ID: 2016012814630-264 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation Omnicare, Inc. Regional Customer Service Director Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) 50.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 15 OF 102 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) Mark Celebre Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 2015 06 City Zip Code State Transaction ID: 2016012814630-265 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation Omnicare. Inc. Regional Customer Service Director Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mark Celebre Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 11 20 2015 City State Zip Code Transaction ID: 2016012814630-266 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation Omnicare, Inc. Regional Customer Service Director Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mark Celebre Date of Receipt Mailing Address 201 E. Fourth Street 04 2015 900 Omnicare Center City Zip Code State Transaction ID: 2016012814630-267 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation Omnicare, Inc. Regional Customer Service Director Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 16 OF 102 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) Mark Celebre Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 2015 12 City Zip Code State Transaction ID: 2016012814630-268 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation Regional Customer Service Director Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mark Celebre Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 12 31 2015 City State Zip Code Transaction ID: 2016012814630-269 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation Omnicare, Inc. Regional Customer Service Director Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) Full Name (Last, First, Middle Initial) c. Jeremy Colvin Date of Receipt Mailing Address 201 E. Fourth Street 09 10 2015 900 Omnicare Center City Zip Code State Transaction ID: 2016012814630-270 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation VP, LTC Sales Omnicare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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FOR LINE NUMBER: PAGE 17 OF 102 Use separate schedule(s) (check only one) X 11a 11b 12 11c 14 13 15 16

for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) Jeremy Colvin Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 2015 10 City Zip Code State Transaction ID: 2016012814630-271 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation VP, LTC Sales Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) Full Name (Last, First, Middle Initial) B. Jeremy Colvin Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 11 06 2015 City State Zip Code Transaction ID: 2016012814630-272 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation Omnicare, Inc. VP, LTC Sales Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) Full Name (Last, First, Middle Initial) c. Jeremy Colvin Date of Receipt Mailing Address 201 E. Fourth Street 20 2015 900 Omnicare Center City Zip Code State Transaction ID: 2016012814630-273 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation VP, LTC Sales Omnicare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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FOR LINE NUMBER: PAGE 18 OF 102 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) Jeremy Colvin Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 04 2015 12 City Zip Code State Transaction ID: 2016012814630-274 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation VP, LTC Sales Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) Full Name (Last, First, Middle Initial) B. Jeremy Colvin Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 12 18 2015 City State Zip Code Transaction ID: 2016012814630-275 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation Omnicare, Inc. VP, LTC Sales Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) Full Name (Last, First, Middle Initial) c. Jeremy Colvin Date of Receipt Mailing Address 201 E. Fourth Street 31 2015 900 Omnicare Center City Zip Code State Transaction ID: 2016012814630-276 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation VP, LTC Sales Omnicare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 19 OF 102 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 13 14 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) Beth Coryea Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 2015 10 09 City Zip Code State Transaction ID: 2016012814630-277 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation Omnicare. Inc. Senior Director, Program Development Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) Full Name (Last, First, Middle Initial) B. Beth Coryea Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 10 23 2015 City State Zip Code Transaction ID: 2016012814630-278 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation Omnicare, Inc. Senior Director, Program Development Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) Full Name (Last, First, Middle Initial) c. Beth Coryea Date of Receipt Mailing Address 201 E. Fourth Street 06 2015 900 Omnicare Center City Zip Code State Transaction ID: 2016012814630-279 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation Omnicare, Inc. Senior Director, Program Development Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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FOR LINE NUMBER: PAGE 20 OF 102 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) Beth Coryea Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 2015 20 City Zip Code State Transaction ID: 2016012814630-280 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation Omnicare. Inc. Senior Director, Program Development Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) Full Name (Last, First, Middle Initial) B. Beth Coryea Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 12 04 2015 City State Zip Code Transaction ID: 2016012814630-281 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation Omnicare, Inc. Senior Director, Program Development Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) Full Name (Last, First, Middle Initial) c. Beth Coryea Date of Receipt Mailing Address 201 E. Fourth Street 18 2015 900 Omnicare Center City Zip Code State Transaction ID: 2016012814630-282 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation Omnicare, Inc. Senior Director, Program Development Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 21 OF 102 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) Beth Coryea Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 2015 12 31 City Zip Code State Transaction ID: 2016012814630-283 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation Omnicare. Inc. Senior Director, Program Development Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) Full Name (Last, First, Middle Initial) B. William Deane Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 10 09 2015 City State Zip Code Transaction ID: 2016012814630-284 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation Omnicare, Inc. Vice President, Pharmacy Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) Full Name (Last, First, Middle Initial) William Deane Date of Receipt Mailing Address 201 E. Fourth Street 10 23 2015 900 Omnicare Center City Zip Code State Transaction ID: 2016012814630-285 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation Omnicare, Inc. Vice President, Pharmacy Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 22 OF 102 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) William Deane Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 2015 06 City Zip Code State Transaction ID: 2016012814630-286 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation Omnicare. Inc. Vice President, Pharmacy Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) Full Name (Last, First, Middle Initial) B. William Deane Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 11 20 2015 City State Zip Code Transaction ID: 2016012814630-287 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation Omnicare, Inc. Vice President, Pharmacy Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) Full Name (Last, First, Middle Initial) c. William Deane Date of Receipt Mailing Address 201 E. Fourth Street 04 2015 900 Omnicare Center City Zip Code State Transaction ID: 2016012814630-288 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation Omnicare, Inc. Vice President, Pharmacy Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page	×	11a		11b		11c		12		
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or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	g the name and address of any political committee	to solicit contributions from such committee.
Omnicare, Inc. Political Action	on Committee	
Full Name (Last, First, Middle Initial)  William Deane		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		12 18 2015
City	State Zip Code	Transaction ID: 2016012814630-289
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	
Omnicare, Inc.	Vice President, Pharmacy Operations	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	. iggiogato ioai to bato v	
Other (specify) ▼	270.00	
Full Name (Last, First, Middle Initial)  William Deane	·	Date of Receipt
Mailing Address 201 E. Fourth Street		M = M / D = D / Y = Y = Y
900 Omnicare Center		12 31 2015
City	State Zip Code	Transaction ID: 2016012814630-290
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	10.00
Name of Employer	Occupation	
Omnicare, Inc.	Vice President, Pharmacy Operations	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	270.00	
Full Name (Last, First, Middle Initial)  Brian Egan		Date of Receipt
Mailing Address 201 E. Fourth Street		<b>₹</b>
900 Omnicare Center		10 09 _ 2015 _
City	State Zip Code	Transaction ID : 2016012814630-291
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	-
Omnicare, Inc.	Pharmacy General Manager	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	1.99.99810 198.10 7	
Other (specify) ▼	540.00	
SUBTOTAL of Receipts This Page (options	al)	40.00
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FOR LINE NUMBER: PAGE 24 OF 102 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) Brian Egan Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 2015 10 City Zip Code State Transaction ID: 2016012814630-292 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation Omnicare. Inc. Pharmacy General Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) Full Name (Last, First, Middle Initial) B. Brian Egan Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 11 06 2015 City State Zip Code Transaction ID: 2016012814630-293 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation Omnicare, Inc. Pharmacy General Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) Full Name (Last, First, Middle Initial) c. Brian Egan Date of Receipt Mailing Address 201 E. Fourth Street 20 2015 900 Omnicare Center City Zip Code State Transaction ID: 2016012814630-294 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation Omnicare, Inc. Pharmacy General Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page	X	11a		11b		11c		12		
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	Statements may not be sold or used by any pers	
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ne name and address of any political committee to	o solicit contributions from such committee.
Omnicare, Inc. Political Action	Committee	
Full Name (Last, First, Middle Initial)  A. Brian Egan		Date of Receipt
Mailing Address 201 E. Fourth Street		M = M / D = D / Y = Y = Y
900 Omnicare Center City	State Zip Code	12 04 2015
Cincinnati	OH 45202	Transaction ID : 2016012814630-295
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  20.00
Name of Employer	Occupation	
Omnicare, Inc.	Pharmacy General Manager	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  540.00	
Full Name (Last, First, Middle Initial)  Brian Egan		Date of Receipt
Mailing Address 201 E. Fourth Street		M = M / D = D / Y = Y = Y
900 Omnicare Center	State Zin Code	12 18 2015
City Cincinnati	State Zip Code OH 45202	Transaction ID : 2016012814630-296
_	45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Omnicare, Inc.	Pharmacy General Manager	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	540.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		12 31 2015
City Cincinnati	State Zip Code OH 45202	Transaction ID: 2016012814630-297  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Omnicare, Inc.	Pharmacy General Manager	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	540.00	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	60.00
TOTAL This Period (last page this line numbe	r only)	

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Detailed Summary Page	X	11a		11b		11c		12	_	_
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Any information copied from such Reports an or for commercial purposes, other than using	d Statements may not be sold or used by any pers the name and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action	n Committee	
Full Name (Last, First, Middle Initial)  James Falls  Mailing Address 201 E. Fourth Street		Date of Receipt
900 Omnicare Center	7: 0.1	10 09 2015
City Cincinnati	State Zip Code OH 45202	Transaction ID : 2016012814630-298
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  10.00
	Occupation	
Name of Employer	Occupation	
Omnicare, Inc. Receipt For:	Director of Sales	-
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	
Full Name (Last, First, Middle Initial)  3. James Falls		Date of Receipt
Mailing Address 201 E. Fourth Street		M M / D D / Y Y Y Y Y
900 Omnicare Center City	State Zip Code	10 23 2015
Cincinnati	OH 45202	Transaction ID: 2016012814630-299  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	-
Omnicare, Inc.	Director of Sales	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	270.00	
Full Name (Last, First, Middle Initial)  2. James Falls		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		11 06 2015
City Cincinnati	State Zip Code OH 45202	Transaction ID: 2016012814630-300  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	1
Omnicare, Inc.	Director of Sales	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	270.00	
SUBTOTAL of Receipts This Page (optional)	)	30.00
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FOR LINE NUMBER: PAGE 27 OF 102 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) James Falls Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 20 2015 City Zip Code State Transaction ID: 2016012814630-301 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer Occupation Director of Sales Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) Full Name (Last, First, Middle Initial) B. James Falls Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 12 04 2015 City State Zip Code Transaction ID: 2016012814630-302 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation Omnicare, Inc. Director of Sales Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) Full Name (Last, First, Middle Initial) c. James Falls Date of Receipt Mailing Address 201 E. Fourth Street 18 2015 900 Omnicare Center City Zip Code State Transaction ID: 2016012814630-303 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation Omnicare, Inc. Director of Sales Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 28 OF 102 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) James Falls Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 2015 12 31 City Zip Code State Transaction ID: 2016012814630-304 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation Director of Sales Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) Full Name (Last, First, Middle Initial) B. Roberta Halverson Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 10 09 2015 City State Zip Code Transaction ID: 2016012814630-305 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation Omnicare, Inc. Pharmacy General Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) Full Name (Last, First, Middle Initial) c. Roberta Halverson Date of Receipt Mailing Address 201 E. Fourth Street 10 23 2015 900 Omnicare Center City Zip Code State Transaction ID: 2016012814630-306 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation Omnicare, Inc. Pharmacy General Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

# SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 29 OF 102

TEMIZED RECEIPTS	for each category of the  Detailed Summary Page	X   11a
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any per name and address of any political committee	rson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action C	Committee	
Full Name (Last, First, Middle Initial) Roberta Halverson  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify)	State Zip Code OH 45202  C  Occupation Pharmacy General Manager  Aggregate Year-to-Date ▼  270.00	Date of Receipt  11 06 2015  Transaction ID: 2016012814630-307  Amount of Each Receipt this Period  10.00
Full Name (Last, First, Middle Initial)  Roberta Halverson  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary General Other (specify)	State Zip Code OH 45202  C  Occupation Pharmacy General Manager  Aggregate Year-to-Date ▼  270.00	Date of Receipt  11 20 2015  Transaction ID: 2016012814630-308  Amount of Each Receipt this Period  10.00
Full Name (Last, First, Middle Initial)  Roberta Halverson  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary General Other (specify)	State Zip Code OH 45202  C  Occupation Pharmacy General Manager  Aggregate Year-to-Date ▼  270.00	Date of Receipt  12
SUBTOTAL of Receipts This Page (optional)	·····	30.00
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FOR LINE NUMBER: PAGE 30 OF 102 Use separate schedule(s) (check only one) X 11a 11b 12 11c 13 14 15 16

for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) Roberta Halverson Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 2015 12 City Zip Code State Transaction ID: 2016012814630-310 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer Occupation Omnicare. Inc. Pharmacy General Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) Full Name (Last, First, Middle Initial) B. Roberta Halverson Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 12 31 2015 City State Zip Code Transaction ID: 2016012814630-311 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation Omnicare, Inc. Pharmacy General Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) Full Name (Last, First, Middle Initial) c. Terry Harris Date of Receipt Mailing Address 201 E. Fourth Street 09 10 2015 900 Omnicare Center City Zip Code State Transaction ID: 2016012814630-312 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Name of Employer Occupation Omnicare, Inc. Senior Director, Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 1080.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional).....

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NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action	Committee	
Full Name (Last, First, Middle Initial)  Terry Harris  Mailing Address 201 E. Fourth Street  900 Omnicare Center		Date of Receipt  M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City	State Zip Code	Transaction ID : 2016012814630-313
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	1
Omnicare, Inc.	Senior Director, Operations	
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General Other (specify) ▼	1080.00	
Full Name (Last, First, Middle Initial)  Terry Harris	•	Date of Receipt
Mailing Address 201 E. Fourth Street		M M / D D / Y Y Y Y
900 Omnicare Center City	State Zip Code	11 06 2015
Cincinnati	OH 45202	Transaction ID: 2016012814630-314  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	-
Omnicare, Inc.	Senior Director, Operations	
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General Other (specify) ▼	Aggregate Tear-to-Date V	
Full Name (Last, First, Middle Initial)  C. Terry Harris	•	Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center	7. 0 1	11 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Cincinnati	State Zip Code OH 45202	Transaction ID : 2016012814630-315
-	43202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	1
Omnicare, Inc.	Senior Director, Operations	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	1080.00	
SUBTOTAL of Receipts This Page (optional).		120.00
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) Terry Harris Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 04 2015 12 City Zip Code State Transaction ID: 2016012814630-316 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation Omnicare. Inc. Senior Director, Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 1080.00 Other (specify) Full Name (Last, First, Middle Initial) B. Terry Harris Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 12 18 2015 City State Zip Code Transaction ID: 2016012814630-317 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation Omnicare, Inc. Senior Director, Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 1080.00 Other (specify) Full Name (Last, First, Middle Initial) c. Terry Harris Date of Receipt Mailing Address 201 E. Fourth Street 31 2015 900 Omnicare Center City Zip Code State Transaction ID: 2016012814630-318 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Name of Employer Occupation Omnicare, Inc. Senior Director, Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 1080.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action C	Committee	
Full Name (Last, First, Middle Initial) Christopher King Mailing Address 201 E. Fourth Street		Date of Receipt
900 Omnicare Center		10 09 2015
City	State Zip Code	Transaction ID : 2016012814630-326
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	
Omnicare, Inc.	Senior Director, Clinical Services	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	270.00	
Full Name (Last, First, Middle Initial)  Christopher King		Date of Receipt
Mailing Address 201 E. Fourth Street		M = M / D = D / Y = Y = Y
900 Omnicare Center	State Zin Codo	10 23 2015
City Cincinnati	State Zip Code OH 45202	Transaction ID : 2016012814630-327
	40202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	10.00
Name of Employer	Occupation	
Omnicare, Inc.	Senior Director, Clinical Services	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	270.00	
Full Name (Last, First, Middle Initial)  Christopher King		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		11 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 2016012814630-328
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	
Omnicare, Inc.	Senior Director, Clinical Services	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	270.00	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	30.00
TOTAL This Period (last page this line number	only)	

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Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) Christopher King Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 20 2015 City Zip Code State Transaction ID: 2016012814630-329 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation Senior Director, Clinical Services Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) Full Name (Last, First, Middle Initial) B. Christopher King Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 12 04 2015 City State Zip Code Transaction ID: 2016012814630-330 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation Omnicare, Inc. Senior Director, Clinical Services Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) Full Name (Last, First, Middle Initial) c. Christopher King Date of Receipt Mailing Address 201 E. Fourth Street 18 2015 900 Omnicare Center City Zip Code State Transaction ID: 2016012814630-331 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation Omnicare, Inc. Senior Director, Clinical Services Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action C	Committee	
Full Name (Last, First, Middle Initial)  Christopher King  Mailing Address 201 E. Fourth Street		Date of Receipt
900 Omnicare Center		12 31 2015
City	State Zip Code	Transaction ID: 2016012814630-332
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	
Omnicare, Inc.	Senior Director, Clinical Services	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	
Full Name (Last, First, Middle Initial)  3. Susan Klem		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		10 09 2015
City	State Zip Code	Transaction ID: 2016012814630-333
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Omnicare, Inc.	Senior Director, Clinical Services	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	540.00	
Full Name (Last, First, Middle Initial)  Susan Klem		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		10 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 2016012814630-334
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Omnicare, Inc.	Senior Director, Clinical Services	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	540.00	
SUBTOTAL of Receipts This Page (optional)		50.00
TOTAL This Period (last page this line number of		

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) Susan Klem Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 2015 06 City Zip Code State Transaction ID: 2016012814630-335 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation Senior Director, Clinical Services Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) Full Name (Last, First, Middle Initial) B. Susan Klem Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 11 20 2015 City State Zip Code Transaction ID: 2016012814630-336 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation Omnicare, Inc. Senior Director, Clinical Services Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) Full Name (Last, First, Middle Initial) c. Susan Klem Date of Receipt Mailing Address 201 E. Fourth Street 04 2015 900 Omnicare Center City Zip Code State Transaction ID: 2016012814630-337 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation Omnicare, Inc. Senior Director, Clinical Services Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page	X 11a 11b	11c	12
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) Susan Klem Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 2015 12 City Zip Code State Transaction ID: 2016012814630-338 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation Senior Director, Clinical Services Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) Full Name (Last, First, Middle Initial) B. Susan Klem Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 12 31 2015 City State Zip Code Transaction ID: 2016012814630-339 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation Omnicare, Inc. Senior Director, Clinical Services Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) Full Name (Last, First, Middle Initial) c. Robert Kraft Date of Receipt Mailing Address 201 E. Fourth Street 09 10 2015 900 Omnicare Center City Zip Code State Transaction ID: 2016012814630-340 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 35.71 С federal political committee. Name of Employer Occupation

2135.71

EVP & President,LTC

Aggregate Year-to-Date ▼

Omnicare, Inc. Receipt For:

Primary

Other (specify)

General

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) Robert Kraft Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 2015 10 City Zip Code State Transaction ID: 2016012814630-341 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation EVP & President,LTC Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 2135.71 Other (specify) Full Name (Last, First, Middle Initial) B. Donna Lecky Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 10 09 2015 City State Zip Code Transaction ID: 2016012814630-356 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation Omnicare, Inc. Treasurer Receipt For: Aggregate Year-to-Date ▼ Primary General 1080.00 Other (specify) Full Name (Last, First, Middle Initial) c. Donna Lecky Date of Receipt Mailing Address 201 E. Fourth Street 10 23 2015 900 Omnicare Center City Zip Code State Transaction ID: 2016012814630-357 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Name of Employer Occupation Omnicare, Inc. Treasurer Receipt For: Aggregate Year-to-Date ▼ Primary General 1080.00 Other (specify) 180.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) Donna Lecky Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 2015 06 City Zip Code State Transaction ID: 2016012814630-358 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation Omnicare. Inc. Treasurer Receipt For: Aggregate Year-to-Date ▼ Primary General 1080.00 Other (specify) Full Name (Last, First, Middle Initial) B. Donna Lecky Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 11 20 2015 City State Zip Code Transaction ID: 2016012814630-359 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation Omnicare, Inc. Treasurer Receipt For: Aggregate Year-to-Date ▼ Primary General 1080.00 Other (specify) Full Name (Last, First, Middle Initial) c. Donna Lecky Date of Receipt Mailing Address 201 E. Fourth Street 04 2015 900 Omnicare Center City Zip Code State Transaction ID: 2016012814630-360 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Name of Employer Occupation Omnicare, Inc. Treasurer Receipt For: Aggregate Year-to-Date ▼ Primary General 1080.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

# SCHEDULE A (FEC Form 3X)

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NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action (	Committee	
Full Name (Last, First, Middle Initial)  Donna Lecky  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary General Other (specify)	State Zip Code OH 45202  C Occupation Treasurer  Aggregate Year-to-Date ▼ 1080.00	Date of Receipt  12 18 2015  Transaction ID: 2016012814630-361  Amount of Each Receipt this Period  40.00
Full Name (Last, First, Middle Initial)  Donna Lecky  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary General Other (specify)	State Zip Code OH 45202  C Occupation Treasurer  Aggregate Year-to-Date ▼  1080.00	Date of Receipt  12 31 2015  Transaction ID: 2016012814630-362  Amount of Each Receipt this Period  40.00
Full Name (Last, First, Middle Initial)  Patrick Lee  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary General Other (specify)	State Zip Code OH 45202  C  Occupation VP,LTC Product & Bus Devl  Aggregate Year-to-Date ▼  203.57	Date of Receipt  10 09 2015  Transaction ID: 2016012814630-363  Amount of Each Receipt this Period  3.57
SUBTOTAL of Receipts This Page (optional)		83.57
TOTAL This Period (last page this line number	only)	

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Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) John Lockard Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 2015 10 09 City Zip Code State Transaction ID: 2016012814630-364 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation Omnicare. Inc. Pharmacy General Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) Full Name (Last, First, Middle Initial) B. John Lockard Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 10 23 2015 City State Zip Code Transaction ID: 2016012814630-365 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation Omnicare, Inc. Pharmacy General Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) Full Name (Last, First, Middle Initial) John Lockard Date of Receipt Mailing Address 201 E. Fourth Street 06 2015 900 Omnicare Center City Zip Code State Transaction ID: 2016012814630-366 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation Omnicare, Inc. Pharmacy General Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) John Lockard Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 2015 20 City Zip Code State Transaction ID: 2016012814630-367 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation Omnicare. Inc. Pharmacy General Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) Full Name (Last, First, Middle Initial) B. John Lockard Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 12 04 2015 City State Zip Code Transaction ID: 2016012814630-368 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation Omnicare, Inc. Pharmacy General Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) Full Name (Last, First, Middle Initial) John Lockard Date of Receipt Mailing Address 201 E. Fourth Street 18 2015 900 Omnicare Center City Zip Code State Transaction ID: 2016012814630-369 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation Omnicare, Inc. Pharmacy General Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) John Lockard Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 2015 31 City Zip Code State Transaction ID: 2016012814630-370 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation Omnicare. Inc. Pharmacy General Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) Full Name (Last, First, Middle Initial) B. Nancy Losben Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 10 09 2015 City State Zip Code Transaction ID: 2016012814630-371 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation Omnicare, Inc. Chief Quality Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) Full Name (Last, First, Middle Initial) c. Nancy Losben Date of Receipt Mailing Address 201 E. Fourth Street 10 23 2015 900 Omnicare Center City Zip Code State Transaction ID: 2016012814630-372 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation Omnicare, Inc. Chief Quality Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) Nancy Losben Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 2015 06 City Zip Code State Transaction ID: 2016012814630-373 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation Chief Quality Officer Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) Full Name (Last, First, Middle Initial) B. Nancy Losben Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 11 20 2015 City State Zip Code Transaction ID: 2016012814630-374 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation Omnicare, Inc. Chief Quality Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) Full Name (Last, First, Middle Initial) c. Nancy Losben Date of Receipt Mailing Address 201 E. Fourth Street 04 2015 900 Omnicare Center City Zip Code State Transaction ID: 2016012814630-375 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation Omnicare, Inc. Chief Quality Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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	Statements may not be sold or used by any persone name and address of any political committee to	
NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action	Committee	
Full Name (Last, First, Middle Initial)  Nancy Losben  Mailing Address 201 E. Fourth Street		Date of Receipt
900 Omnicare Center City	State Zip Code	12 18 2015 Transaction ID : 2016012814630-376
Cincinnati FEC ID number of contributing	OH 45202	Amount of Each Receipt this Period
federal political committee.	[C]	20.00
Name of Employer  Omnicare, Inc.  Receipt For:  Primary  General	Occupation Chief Quality Officer  Aggregate Year-to-Date ▼	
Other (specify) ▼	540.00	
Full Name (Last, First, Middle Initial)  Nancy Losben		Date of Receipt
Mailing Address 201 E. Fourth Street  900 Omnicare Center  City	State Zip Code	12 31 2015
Cincinnati	State Zip Code OH 45202	Transaction ID: 2016012814630-377  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Omnicare, Inc.	Occupation Chief Quality Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	
Full Name (Last, First, Middle Initial)  C. Matt Massey		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		10 09 2015
City Cincinnati	State Zip Code OH 45202	Transaction ID: 2016012814630-378  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation Constal Manager	
Omnicare, Inc.  Receipt For:  Primary  General  Other (specify) ▼	General Manager  Aggregate Year-to-Date ▼  270.00	
SUBTOTAL of Receipts This Page (optional)		50.00
TOTAL This Period (last page this line numbe	<u> </u>	

FOR LINE NUMBER: PAGE 46 OF 102 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) Matt Massey Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 2015 10 City Zip Code State Transaction ID: 2016012814630-379 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer Occupation Omnicare. Inc. General Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) Full Name (Last, First, Middle Initial) B. Matt Massey Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 11 06 2015 City State Zip Code Transaction ID: 2016012814630-380 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation Omnicare, Inc. General Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) Full Name (Last, First, Middle Initial) c. Matt Massey Date of Receipt Mailing Address 201 E. Fourth Street 20 2015 900 Omnicare Center City Zip Code State Transaction ID: 2016012814630-381 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation Omnicare, Inc. General Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 47 OF 102 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) Matt Massey Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 04 2015 12 City Zip Code State Transaction ID: 2016012814630-382 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer Occupation Omnicare. Inc. General Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) Full Name (Last, First, Middle Initial) B. Matt Massey Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 12 18 2015 City State Zip Code Transaction ID: 2016012814630-383 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation Omnicare, Inc. General Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) Full Name (Last, First, Middle Initial) c. Matt Massey Date of Receipt Mailing Address 201 E. Fourth Street 31 2015 900 Omnicare Center City Zip Code State Transaction ID: 2016012814630-384 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation Omnicare, Inc. General Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 48 OF 102 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) Justin May Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 09 2015 10 City Zip Code State Transaction ID: 2016012814630-385 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer Occupation Senior Sales Director Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Justin May Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 10 23 2015 City State Zip Code Transaction ID: 2016012814630-386 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation Omnicare, Inc. Senior Sales Director Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Justin May Date of Receipt Mailing Address 201 E. Fourth Street 06 2015 900 Omnicare Center City Zip Code State Transaction ID: 2016012814630-387 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation Senior Sales Director Omnicare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) Justin May Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 20 2015 City Zip Code State Transaction ID: 2016012814630-388 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer Occupation Senior Sales Director Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Justin May Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 12 04 2015 City State Zip Code Transaction ID: 2016012814630-389 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation Omnicare, Inc. Senior Sales Director Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Justin May Date of Receipt Mailing Address 201 E. Fourth Street 18 2015 900 Omnicare Center City Zip Code State Transaction ID: 2016012814630-390 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation Senior Sales Director Omnicare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

# SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 50 OF 102 Use separate schedule(s)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X   11a
Any information copied from such Reports and or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action	Committee	
Full Name (Last, First, Middle Initial)  Justin May  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For:  Primary General Other (specify)	State Zip Code OH 45202  C  Occupation Senior Sales Director  Aggregate Year-to-Date ▼  270.00	Date of Receipt  12 31 2015  Transaction ID: 2016012814630-391  Amount of Each Receipt this Period  10.00
Full Name (Last, First, Middle Initial)  Christopher Miller  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary General Other (specify)	State Zip Code OH 45202  C  Occupation Director of Operations  Aggregate Year-to-Date ▼  270.00	Date of Receipt  10 09 2015  Transaction ID: 2016012814630-392  Amount of Each Receipt this Period  10.00
Full Name (Last, First, Middle Initial)  Christopher Miller  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For: Primary General Other (specify)	State Zip Code OH 45202  C  Occupation Director of Operations  Aggregate Year-to-Date ▼  270.00	Date of Receipt  10 23 2015  Transaction ID: 2016012814630-393  Amount of Each Receipt this Period  10.00
SUBTOTAL of Receipts This Page (optional)	)	30.00
TOTAL This Period (last page this line number	r only)	

FOR LINE NUMBER: PAGE 51 OF 102 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) Christopher Miller Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 2015 06 City Zip Code State Transaction ID: 2016012814630-394 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer Occupation Omnicare. Inc. Director of Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) Full Name (Last, First, Middle Initial) B. Christopher Miller Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 11 20 2015 City State Zip Code Transaction ID: 2016012814630-395 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation Omnicare, Inc. **Director of Operations** Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) Full Name (Last, First, Middle Initial) c. Christopher Miller Date of Receipt Mailing Address 201 E. Fourth Street 04 2015 900 Omnicare Center City Zip Code State Transaction ID: 2016012814630-396 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation Omnicare, Inc. **Director of Operations** Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOR LINE NUMBER	₹:	PAGE	52	OF	102
Use separate schedule(s) for each category of the	(check only one)					
Detailed Summary Page	X 11a   11b		11c	12	2	
	13 14		15	16	3	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) Christopher Miller Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 2015 12 City Zip Code State Transaction ID: 2016012814630-397 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation Omnicare. Inc. Director of Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) Full Name (Last, First, Middle Initial) B. Christopher Miller Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 12 31 2015 City State Zip Code Transaction ID: 2016012814630-398 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation Omnicare, Inc. **Director of Operations** Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) Full Name (Last, First, Middle Initial) c. Allison Moser Date of Receipt Mailing Address 201 E. Fourth Street 09 10 2015 900 Omnicare Center City Zip Code State Transaction ID: 2016012814630-399 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee.

260.00

Senior Director, Human Resources

Aggregate Year-to-Date ▼

Occupation

Name of Employer

Primary

Other (specify)

General

Omnicare, Inc. Receipt For:

	FOR	LINE	NU	MBER	:	PAGE	Ę	53 OF	Ξ	102
Use separate schedule(s)	(che	ck only	or	ne)						
for each category of the Detailed Summary Page	X	11a		11b		11c		12		
		13		14		15		16		717

Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any personame and address of any political committee to	
NAME OF COMMITTEE (In Full)		
Omnicare, Inc. Political Action C	committee	
Full Name (Last, First, Middle Initial)  A. Allison Moser		Date of Receipt
Mailing Address 201 E. Fourth Street		M = M / D = D / Y = Y = Y
900 Omnicare Center	Ctoto 7: O. I.	11 06 2015
City Cincinnati	State Zip Code OH 45202	Transaction ID : 2016012814630-400
-	40202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	10.00
Name of Employer	Occupation	
Omnicare, Inc.	Senior Director, Human Resources	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	260.00	
Full Name (Last, First, Middle Initial)  Allison Moser		Date of Receipt
Mailing Address 201 E. Fourth Street		M M / D D / Y Y Y Y
900 Omnicare Center City	State Zip Code	11 20 2015
City Cincinnati	OH 45202	Transaction ID: 2016012814630-401
_	40202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	10.00
Name of Employer	Occupation	
Omnicare, Inc.	Senior Director, Human Resources	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	260.00	
Full Name (Last, First, Middle Initial)  Allison Moser		Date of Receipt
Mailing Address 201 E. Fourth Street		M = M / D = D / Y = Y = Y
900 Omnicare Center		12 04 2015
City	State Zip Code	Transaction ID: 2016012814630-402
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	
Omnicare, Inc.	Senior Director, Human Resources	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	260.00	
SUBTOTAL of Receipts This Page (optional)		30.00
TOTAL This Period (last page this line number of	only)	

FOR LINE NUMBER: PAGE 54 OF 102 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) Allison Moser Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 2015 12 City Zip Code State Transaction ID: 2016012814630-403 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer Occupation Omnicare. Inc. Senior Director, Human Resources Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) Full Name (Last, First, Middle Initial) B. Allison Moser Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 12 31 2015 City State Zip Code Transaction ID: 2016012814630-404 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation Omnicare, Inc. Senior Director, Human Resources Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) Full Name (Last, First, Middle Initial) c. Lori Neely Date of Receipt Mailing Address 201 E. Fourth Street 09 10 2015 900 Omnicare Center City Zip Code State Transaction ID: 2016012814630-405 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation Omnicare, Inc. Executive Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 55 OF 102 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) Lori Neely Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 2015 10 City Zip Code State Transaction ID: 2016012814630-406 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer Occupation Omnicare. Inc. Executive Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) Full Name (Last, First, Middle Initial) B. Lori Neely Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 11 06 2015 City State Zip Code Transaction ID: 2016012814630-407 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation Omnicare, Inc. Executive Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) Full Name (Last, First, Middle Initial) c. Lori Neely Date of Receipt Mailing Address 201 E. Fourth Street 20 2015 900 Omnicare Center City Zip Code State Transaction ID: 2016012814630-408 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation Omnicare, Inc. Executive Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) Lori Neely Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 04 2015 12 City Zip Code State Transaction ID: 2016012814630-409 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer Occupation Omnicare. Inc. Executive Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) Full Name (Last, First, Middle Initial) B. Lori Neely Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 12 18 2015 City State Zip Code Transaction ID: 2016012814630-410 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation Omnicare, Inc. Executive Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) Full Name (Last, First, Middle Initial) c. Lori Neely Date of Receipt Mailing Address 201 E. Fourth Street 31 2015 900 Omnicare Center City Zip Code State Transaction ID: 2016012814630-411 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation Omnicare, Inc. Executive Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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Use separate schedule(s)	(check only one)		
for each category of the Detailed Summary Page	X 11a 11b	11c 12	
,g.	13 14	15 16	17

Any information copied from such Reports and or for commercial purposes, other than using t	Statements may not be sold or used by any pers he name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action	Committee	
Full Name (Last, First, Middle Initial)  Christopher Palen  Mailing Address 201 E. Fourth Street		Date of Receipt
900 Omnicare Center		10 09 2015
City	State Zip Code	Transaction ID : 2016012814630-412
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	
Omnicare, Inc.	General Manager	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	270.00	
Full Name (Last, First, Middle Initial)  3. Christopher Palen		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		10 23 2015
City	State Zip Code	Transaction ID: 2016012814630-413
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	
Omnicare, Inc.	General Manager	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	270.00	
Full Name (Last, First, Middle Initial)  Christopher Palen		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		11 06 2015
City Cincinnati	State Zip Code OH 45202	Transaction ID : 2016012814630-414  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	
Omnicare, Inc.	General Manager	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	270.00	
SUBTOTAL of Receipts This Page (optional)	·····	30.00
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER: PAGE 58 OF 102 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) Christopher Palen Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 20 2015 City Zip Code State Transaction ID: 2016012814630-415 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer Occupation Omnicare. Inc. General Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) Full Name (Last, First, Middle Initial) B. Christopher Palen Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 12 04 2015 City State Zip Code Transaction ID: 2016012814630-416 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation Omnicare, Inc. General Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) Full Name (Last, First, Middle Initial) c. Christopher Palen Date of Receipt Mailing Address 201 E. Fourth Street 18 2015 900 Omnicare Center City Zip Code State Transaction ID: 2016012814630-417 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation Omnicare, Inc. General Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 59 OF 102 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) Christopher Palen Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 2015 12 31 City Zip Code State Transaction ID: 2016012814630-418 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer Occupation Omnicare. Inc. General Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) Full Name (Last, First, Middle Initial) B. Darren Parks Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 10 09 2015 City State Zip Code Transaction ID: 2016012814630-419 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation Omnicare, Inc. Senior Director of Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) Full Name (Last, First, Middle Initial) c. Darren Parks Date of Receipt Mailing Address 201 E. Fourth Street 10 23 2015 900 Omnicare Center City Zip Code State Transaction ID: 2016012814630-420 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation Omnicare, Inc. Senior Director of Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 60 OF 102 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) Darren Parks Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 2015 06 City Zip Code State Transaction ID: 2016012814630-421 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer Occupation Senior Director of Operations Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) Full Name (Last, First, Middle Initial) B. Darren Parks Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 11 20 2015 City State Zip Code Transaction ID: 2016012814630-422 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation Omnicare, Inc. Senior Director of Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) Full Name (Last, First, Middle Initial) c. Darren Parks Date of Receipt Mailing Address 201 E. Fourth Street 04 2015 900 Omnicare Center City Zip Code State Transaction ID: 2016012814630-423 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation Omnicare, Inc. Senior Director of Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 61 OF 102 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) Darren Parks Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 2015 12 City Zip Code State Transaction ID: 2016012814630-424 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer Occupation Senior Director of Operations Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) Full Name (Last, First, Middle Initial) B. Darren Parks Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 12 31 2015 City State Zip Code Transaction ID: 2016012814630-425 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation Omnicare, Inc. Senior Director of Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) Full Name (Last, First, Middle Initial) c. Stephen Rappa Date of Receipt Mailing Address 201 E. Fourth Street 02 10 2015 900 Omnicare Center City Zip Code State Transaction ID: 2016012814630-426 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation Omnicare, Inc. VP, Pharmacy Operations, LTC Receipt For: Aggregate Year-to-Date ▼ Primary General 520.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

# SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 62 OF 102 Use separate schedule(s) (check only one)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X   11a
Any information copied from such Reports and Stater or for commercial purposes, other than using the nan		
NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Con	nmittee	
Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer  Omnicare, Inc.  Receipt For:  Primary  Other (specify) ▼  Contributing federal  Occurred Contributing federal  Occurred Contributing federal	State Zip Code OH 45202  Cocupation P, Pharmacy Operations, LTC pgregate Year-to-Date   520.00	Date of Receipt  10 09 2015  Transaction ID: 2016012814630-427  Amount of Each Receipt this Period  10.00
Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc.  Receipt For:	State Zip Code OH 45202  Coupation P, Pharmacy Operations, LTC Ogregate Year-to-Date   520.00	Date of Receipt  10 16 2015  Transaction ID: 2016012814630-428  Amount of Each Receipt this Period  10.00
Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer  Omnicare, Inc.  Property For:	State Zip Code OH 45202  Coupation P, Pharmacy Operations, LTC pgregate Year-to-Date   520.00	Date of Receipt  10 23 2015  Transaction ID: 2016012814630-429  Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)	•	30.00
TOTAL This Period (last page this line number only)	<b>.</b>	

FOR LINE NUMBER: PAGE 63 OF 102 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) Stephen Rappa Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 30 2015 10 City Zip Code State Transaction ID: 2016012814630-430 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer Occupation VP, Pharmacy Operations, LTC Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 520.00 Other (specify) Full Name (Last, First, Middle Initial) B. Stephen Rappa Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 11 06 2015 City State Zip Code Transaction ID: 2016012814630-431 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation Omnicare, Inc. VP, Pharmacy Operations, LTC Receipt For: Aggregate Year-to-Date ▼ Primary General 520.00 Other (specify) Full Name (Last, First, Middle Initial) c. Stephen Rappa Date of Receipt Mailing Address 201 E. Fourth Street 13 2015 900 Omnicare Center City Zip Code State Transaction ID: 2016012814630-432 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation Omnicare, Inc. VP, Pharmacy Operations, LTC Receipt For: Aggregate Year-to-Date ▼ Primary General 520.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) Stephen Rappa Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 20 2015 City Zip Code State Transaction ID: 2016012814630-433 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer Occupation VP, Pharmacy Operations, LTC Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 520.00 Other (specify) Full Name (Last, First, Middle Initial) B. Stephen Rappa Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 11 27 2015 City State Zip Code Transaction ID: 2016012814630-434 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation Omnicare, Inc. VP, Pharmacy Operations, LTC Receipt For: Aggregate Year-to-Date ▼ Primary General 520.00 Other (specify) Full Name (Last, First, Middle Initial) c. Stephen Rappa Date of Receipt Mailing Address 201 E. Fourth Street 04 2015 900 Omnicare Center City Zip Code State Transaction ID: 2016012814630-435 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation Omnicare, Inc. VP, Pharmacy Operations, LTC Receipt For: Aggregate Year-to-Date ▼ Primary General 520.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 65 OF 102 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) Stephen Rappa Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 2015 12 City Zip Code State Transaction ID: 2016012814630-436 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer Occupation VP, Pharmacy Operations, LTC Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 520.00 Other (specify) Full Name (Last, First, Middle Initial) B. Stephen Rappa Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 12 24 2015 City State Zip Code Transaction ID: 2016012814630-437 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation Omnicare, Inc. VP, Pharmacy Operations, LTC Receipt For: Aggregate Year-to-Date ▼ Primary General 520.00 Other (specify) Full Name (Last, First, Middle Initial) c. Stephen Rappa Date of Receipt Mailing Address 201 E. Fourth Street 31 2015 900 Omnicare Center City Zip Code State Transaction ID: 2016012814630-438 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation Omnicare, Inc. VP, Pharmacy Operations, LTC Receipt For: Aggregate Year-to-Date ▼ Primary General 520.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 66 OF 102 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) Amy Roberts Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 09 2015 10 City Zip Code State Transaction ID: 2016012814630-439 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation Omnicare. Inc. Sales Director Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) Full Name (Last, First, Middle Initial) B. Amy Roberts Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 10 23 2015 City State Zip Code Transaction ID: 2016012814630-440 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation Omnicare, Inc. Sales Director Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) Full Name (Last, First, Middle Initial) c. Amy Roberts Date of Receipt Mailing Address 201 E. Fourth Street 06 2015 900 Omnicare Center City Zip Code State Transaction ID: 2016012814630-441 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation Sales Director Omnicare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) Amy Roberts Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 20 2015 City Zip Code State Transaction ID: 2016012814630-442 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation Omnicare. Inc. Sales Director Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Amy Roberts Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 12 04 2015 City State Zip Code Transaction ID: 2016012814630-443 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation Omnicare, Inc. Sales Director Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) Full Name (Last, First, Middle Initial) c. Amy Roberts Date of Receipt Mailing Address 201 E. Fourth Street 18 2015 900 Omnicare Center City Zip Code State Transaction ID: 2016012814630-444 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation Sales Director Omnicare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 68 OF 102 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) Amy Roberts Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 2015 12 31 City Zip Code State Transaction ID: 2016012814630-445 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation Omnicare. Inc. Sales Director Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) Full Name (Last, First, Middle Initial) B. Thomas Schleigh Jr Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 10 09 2015 City State Zip Code Transaction ID: 2016012814630-446 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation Omnicare, Inc. VP, Pharmacy Operations, LTC Receipt For: Aggregate Year-to-Date ▼ Primary General 1080.00 Other (specify) Full Name (Last, First, Middle Initial) c. Thomas Schleigh Jr. Date of Receipt Mailing Address 201 E. Fourth Street 10 23 2015 900 Omnicare Center City Zip Code State Transaction ID: 2016012814630-447 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Name of Employer Occupation Omnicare, Inc. VP, Pharmacy Operations, LTC Receipt For: Aggregate Year-to-Date ▼ Primary General 1080.00 Other (specify) 100.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) Thomas Schleigh Jr Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 2015 12 City Zip Code State Transaction ID: 2016012814630-451 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation VP, Pharmacy Operations, LTC Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 1080.00 Other (specify) Full Name (Last, First, Middle Initial) B. Thomas Schleigh Jr Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 12 31 2015 City State Zip Code Transaction ID: 2016012814630-452 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation Omnicare, Inc. VP, Pharmacy Operations, LTC Receipt For: Aggregate Year-to-Date ▼ Primary General 1080.00 Other (specify) Full Name (Last, First, Middle Initial) c. Kimberly Spooner Date of Receipt Mailing Address 201 E. Fourth Street 09 10 2015 900 Omnicare Center City Zip Code State Transaction ID: 2016012814630-453 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation Omnicare, Inc. **Human Resources Director** Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) Kimberly Spooner Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 2015 10 City Zip Code State Transaction ID: 2016012814630-454 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer Occupation Omnicare. Inc. Human Resources Director Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) Full Name (Last, First, Middle Initial) B. Kimberly Spooner Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 11 06 2015 City State Zip Code Transaction ID: 2016012814630-455 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation Omnicare, Inc. Human Resources Director Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) Full Name (Last, First, Middle Initial) c. Kimberly Spooner Date of Receipt Mailing Address 201 E. Fourth Street 20 2015 900 Omnicare Center City Zip Code State Transaction ID: 2016012814630-456 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation Omnicare, Inc. **Human Resources Director** Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

# SCHEDULE A (FEC Form 3X)

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TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X   11a
Any information copied from such Reports and Stat or for commercial purposes, other than using the na		
NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Co	mmittee	
Omnicare, Inc.  Receipt For:  Primary General  Other (specify) ▼	State Zip Code OH 45202  C  Description Human Resources Director  Aggregate Year-to-Date ▼  270.00	Date of Receipt  12 04 2015  Transaction ID: 2016012814630-457  Amount of Each Receipt this Period  10.00
Omnicare, Inc.	State Zip Code OH 45202  C  Description  Human Resources Director  Aggregate Year-to-Date ▼  270.00	Date of Receipt  12 18 2015  Transaction ID: 2016012814630-458  Amount of Each Receipt this Period  10.00
Omnicare, Inc.	State Zip Code OH 45202  C  C  C  C  C  C  C  C  C  C  C  C  C	Date of Receipt  12 31 2015  Transaction ID: 2016012814630-459  Amount of Each Receipt this Period  10.00
SUBTOTAL of Receipts This Page (optional)		30.00
TOTAL This Period (last page this line number on	y)	

FOR LINE NUMBER: PAGE 73 OF 102 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) Robin Taylor Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 2015 10 09 City Zip Code State Transaction ID: 2016012814630-460 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation Omnicare. Inc. Sr. Director, Account Management Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) Full Name (Last, First, Middle Initial) B. Robin Taylor Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 10 23 2015 City State Zip Code Transaction ID: 2016012814630-461 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation Omnicare, Inc. Sr. Director, Account Management Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) Full Name (Last, First, Middle Initial) c. Robin Taylor Date of Receipt Mailing Address 201 E. Fourth Street 06 2015 900 Omnicare Center City Zip Code State Transaction ID: 2016012814630-462 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation Omnicare, Inc. Sr. Director, Account Management Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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Detailed Summary Page	X	11a		11b		11c		12	
		13		14		15		16	17

	I Statements may not be sold or used by any pers the name and address of any political committee to	
NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action	Committee	
Full Name (Last, First, Middle Initial)  A. Robin Taylor  Mailing Address 201 E. Fourth Street		Date of Receipt
900 Omnicare Center		11 20 2015
City	State Zip Code	Transaction ID: 2016012814630-463
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Omnicare, Inc.	Sr. Director, Account Management	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	540.00	
Full Name (Last, First, Middle Initial)  Robin Taylor		Date of Receipt
Mailing Address 201 E. Fourth Street		M = M / D = D / Y = Y = Y
900 Omnicare Center	7: 0 1	12 04 2015
City	State Zip Code	Transaction ID : 2016012814630-464
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Omnicare, Inc.	Sr. Director, Account Management	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	540.00	
Full Name (Last, First, Middle Initial)  C. Robin Taylor		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		12 18 2015
City Cincinnati	State Zip Code OH 45202	Transaction ID : 2016012814630-465  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Omnicare, Inc.	Sr. Director, Account Management	
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General	Aggregate real-to-bate •	
Other (specify) ▼	540.00	
SUBTOTAL of Receipts This Page (optional).		60.00
TOTAL This Period (last page this line number	er only)	

	FOR LINE NUMBER:	PAGE	75 OF	102
Use separate schedule(s)	(check only one)			
for each category of the Detailed Summary Page	X 11a 11b	11c	12	
,	13 14	15	16	17

Any information copied from such Reports and sor for commercial purposes, other than using the	Statements may not be sold or used by any pers e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action	Committee	
Full Name (Last, First, Middle Initial)  Robin Taylor  Mailing Address 201 E. Fourth Street		Date of Receipt
900 Omnicare Center City	State Zip Code	12 31 2015
Cincinnati	OH 45202	Transaction ID : 2016012814630-466  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Omnicare, Inc.	Occupation Sr. Director, Account Management	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	540.00	
Full Name (Last, First, Middle Initial)  3. Daniel Thomas		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		10 09 2015
City Cincinnati	State Zip Code OH 45202	Transaction ID : 2016012814630-467  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Omnicare, Inc.	Occupation VP & GM, RxCrossroads	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	
Full Name (Last, First, Middle Initial)  Daniel Thomas		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		10 23 2015
City Cincinnati	State Zip Code OH 45202	Transaction ID : 2016012814630-468  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Omnicare, Inc. Receipt For:	VP & GM, RxCrossroads	
Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	
SUBTOTAL of Receipts This Page (optional)		60.00
TOTAL This Period (last page this line number	<u>·</u> _	

FOR LINE NUMBER: PAGE 76 OF 102 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) Gina Timmons Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 2015 10 09 City Zip Code State Transaction ID: 2016012814630-469 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation Omnicare. Inc. VP, Customer Facing Technology Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) Full Name (Last, First, Middle Initial) B. Gina Timmons Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 10 23 2015 City State Zip Code Transaction ID: 2016012814630-470 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation Omnicare, Inc. VP, Customer Facing Technology Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) Full Name (Last, First, Middle Initial) c. Gina Timmons Date of Receipt Mailing Address 201 E. Fourth Street 06 2015 900 Omnicare Center City Zip Code State Transaction ID: 2016012814630-471 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation Omnicare, Inc. VP, Customer Facing Technology Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOR LINE NUMBE	R: PAG	E 77 (	OF 102
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Any informatio	n copied fror	n such	Reports and	d Statement	s may n	ot be solo	l or used	by any	person	for the	purpose	of soliciting	contributions
or for commer	cial purposes	, other	than using	the name a	nd addre	ess of any	political	commit	tee to so	olicit co	ntributions	from such	committee.

NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) Gina Timmons Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 20 2015 City State Zip Code Transaction ID: 2016012814630-472 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation VP, Customer Facing Technology Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Gina Timmons Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 12 04 2015 City State Zip Code Transaction ID: 2016012814630-473 OH 45202 Cincinnati Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation Omnicare, Inc. VP, Customer Facing Technology Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) Full Name (Last, First, Middle Initial) c. Gina Timmons Date of Receipt Mailing Address 201 E. Fourth Street 18 2015 900 Omnicare Center City State Zip Code Transaction ID: 2016012814630-474 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation VP, Customer Facing Technology Omnicare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	nd Statements may not be sold or used by any persontent to the name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
Omnicare, Inc. Political Actio	n Committee	
Full Name (Last, First, Middle Initial)  A. Gina Timmons		Date of Receipt
Mailing Address 201 E. Fourth Street		M = M / D = D / Y = Y = Y
900 Omnicare Center		12 31 2015
City	State Zip Code	Transaction ID: 2016012814630-475
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	†
Omnicare, Inc.	VP, Customer Facing Technology	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	55 5	
Other (specify) ▼	540.00	
Full Name A Et		
Full Name (Last, First, Middle Initial)  3. Janice Tucker		Date of Receipt
Mailing Address 201 E. Fourth Street		M = M / D = D / Y = Y = Y
900 Omnicare Center City	State Zip Code	10 09 2015
City Cincinnati	State Zip Code OH 45202	Transaction ID : 2016012814630-476
	€11 402UZ	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	10.00
Name of Employer	Occupation	1
Omnicare, Inc.	General Manager	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	0.0	
Other (specify) ▼	270.00	
Full Name (Last, First, Middle Initial)  C. Janice Tucker		Date of Receipt
Mailing Address 201 E. Fourth Street		M = M / D = D / Y = Y = Y
900 Omnicare Center		10 23 2015
City	State Zip Code	Transaction ID : 2016012814630-477
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	1
Omnicare, Inc.	General Manager	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	270.00	
SUBTOTAL of Receipts This Page (optional	)	40.00
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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) Janice Tucker Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 2015 06 City Zip Code State Transaction ID: 2016012814630-478 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer Occupation Omnicare. Inc. General Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) Full Name (Last, First, Middle Initial) B. Janice Tucker Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 11 20 2015 City State Zip Code Transaction ID: 2016012814630-479 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation Omnicare, Inc. General Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) Full Name (Last, First, Middle Initial) c. Janice Tucker Date of Receipt Mailing Address 201 E. Fourth Street 04 2015 900 Omnicare Center City Zip Code State Transaction ID: 2016012814630-480 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation Omnicare, Inc. General Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 80 OF 102 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) Janice Tucker Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 2015 12 City Zip Code State Transaction ID: 2016012814630-481 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer Occupation Omnicare. Inc. General Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) Full Name (Last, First, Middle Initial) B. Janice Tucker Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 12 31 2015 City State Zip Code Transaction ID: 2016012814630-482 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation Omnicare, Inc. General Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) Full Name (Last, First, Middle Initial) c. Thomas Tucker Date of Receipt Mailing Address 201 E. Fourth Street 09 10 2015 900 Omnicare Center City Zip Code State Transaction ID: 2016012814630-483 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 25.00 С federal political committee. Name of Employer Occupation Omnicare, Inc. Regional Service Area Director Receipt For: Aggregate Year-to-Date ▼ Primary General 675.00 Other (specify) 45.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 81 OF 102 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) Thomas Tucker Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 2015 10 City Zip Code State Transaction ID: 2016012814630-484 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Name of Employer Occupation Regional Service Area Director Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 675.00 Other (specify) Full Name (Last, First, Middle Initial) B. Thomas Tucker Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 11 06 2015 City State Zip Code Transaction ID: 2016012814630-485 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Name of Employer Occupation Omnicare, Inc. Regional Service Area Director Receipt For: Aggregate Year-to-Date ▼ Primary General 675.00 Other (specify) Full Name (Last, First, Middle Initial) c. Thomas Tucker Date of Receipt Mailing Address 201 E. Fourth Street 20 2015 900 Omnicare Center City Zip Code State Transaction ID: 2016012814630-486 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 25.00 С federal political committee. Name of Employer Occupation Omnicare, Inc. Regional Service Area Director Receipt For: Aggregate Year-to-Date ▼ Primary General 675.00 Other (specify) 75.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 82 OF 102 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) Thomas Tucker Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 04 2015 12 City Zip Code State Transaction ID: 2016012814630-487 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Name of Employer Occupation Regional Service Area Director Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 675.00 Other (specify) Full Name (Last, First, Middle Initial) B. Thomas Tucker Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 12 18 2015 City State Zip Code Transaction ID: 2016012814630-488 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Name of Employer Occupation Omnicare, Inc. Regional Service Area Director Receipt For: Aggregate Year-to-Date ▼ Primary General 675.00 Other (specify) Full Name (Last, First, Middle Initial) c. Thomas Tucker Date of Receipt Mailing Address 201 E. Fourth Street 31 2015 900 Omnicare Center City Zip Code State Transaction ID: 2016012814630-489 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 25.00 С federal political committee. Name of Employer Occupation Omnicare, Inc. Regional Service Area Director Receipt For: Aggregate Year-to-Date ▼ Primary General 675.00 Other (specify) 75.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 83 OF 102 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) Dawn Tuttle Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 2015 10 09 City Zip Code State Transaction ID: 2016012814630-490 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation Omnicare. Inc. Senior Director, Customer Development Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dawn Tuttle Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 10 23 2015 City State Zip Code Transaction ID: 2016012814630-491 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation Omnicare, Inc. Senior Director, Customer Development Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dawn Tuttle Date of Receipt Mailing Address 201 E. Fourth Street 06 2015 900 Omnicare Center City Zip Code State Transaction ID: 2016012814630-492 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation Omnicare, Inc. Senior Director, Customer Development Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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	statements may not be sold or used by any personal parties of any political committee to	
NAME OF COMMITTEE (In Full)		
Omnicare, Inc. Political Action (	Committee	
Full Name (Last, First, Middle Initial)  1. Dawn Tuttle		Date of Receipt
Mailing Address 201 E. Fourth Street		M = M / D = D / Y = Y = Y
900 Omnicare Center	State Zip Code	11 20 2015
City Cincinnati	OH 45202	Transaction ID: 2016012814630-493  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	
Omnicare, Inc.	Senior Director, Customer Development	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify)	270.00	
Full Name (Last, First, Middle Initial)  Dawn Tuttle		Date of Receipt
Mailing Address 201 E. Fourth Street		M = M / D = D / Y = Y = Y
900 Omnicare Center	State Zip Code	12 04 2015
City Cincinnati	OH 45202	Transaction ID : 2016012814630-494  Amount of Each Receipt this Period
FEC ID number of contributing		Amount of Each Receipt this Period
federal political committee.	C	10.00
Name of Employer	Occupation	
Omnicare, Inc.	Senior Director, Customer Development	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	270.00	
Full Name (Last, First, Middle Initial)  Dawn Tuttle		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		12 18 2015
City	State Zip Code	Transaction ID: 2016012814630-495
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	
Omnicare, Inc.	Senior Director, Customer Development	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	270.00	
Other (specify) ▼	210.00	
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) Dawn Tuttle Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 2015 31 City Zip Code State Transaction ID: 2016012814630-496 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer Occupation Senior Director, Customer Development Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) Full Name (Last, First, Middle Initial) B. Denise Von Dohren Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 10 09 2015 City State Zip Code Transaction ID: 2016012814630-497 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation Omnicare, Inc. VP, Brand Support Solutions Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify)

Full Name (Last, First, Middle Initial) c. Denise Von Dohren Date of Receipt Mailing Address 201 E. Fourth Street 10 23 2015 900 Omnicare Center City Zip Code State Transaction ID: 2016012814630-498 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation VP, Brand Support Solutions Omnicare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General

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540.00

Other (specify)

FOR LINE NUMBER: PAGE 86 OF 102 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) Denise Von Dohren Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 2015 11 06 City Zip Code State Transaction ID: 2016012814630-499 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation VP, Brand Support Solutions Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) Full Name (Last, First, Middle Initial) B. Denise Von Dohren Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 11 20 2015 City State Zip Code Transaction ID: 2016012814630-500 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation Omnicare, Inc. VP, Brand Support Solutions Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) Full Name (Last, First, Middle Initial) c. Denise Von Dohren Date of Receipt Mailing Address 201 E. Fourth Street 04 2015 900 Omnicare Center City Zip Code State Transaction ID: 2016012814630-501 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation Omnicare, Inc. VP, Brand Support Solutions Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and or for commercial purposes, other than using t	Statements may not be sold or used by any pers he name and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action	Committee	
Full Name (Last, First, Middle Initial)  Denise Von Dohren  Mailing Address 201 E. Fourth Street		Date of Receipt
900 Omnicare Center		12 18 2015
City	State Zip Code	Transaction ID : 2016012814630-502
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	-
Omnicare, Inc.	VP, Brand Support Solutions	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial)	0.10.00	
B. Denise Von Dohren		Date of Receipt
Mailing Address 201 E. Fourth Street		M = M / D = D / Y = Y = Y
900 Omnicare Center		12 31 2015
City	State Zip Code	Transaction ID: 2016012814630-503
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	1
Omnicare, Inc.	VP, Brand Support Solutions	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	540.00	
Full Name (Last, First, Middle Initial)  C. Thomas Weiss		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		10 09 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Cincinnati	State Zip Code OH 45202	Transaction ID : 2016012814630-504  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	-
Omnicare, Inc.	Product Manager	
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General	riggiogate real to bate v	
Other (specify) ▼	270.00	
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	50.00
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) Thomas Weiss Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 2015 10 City Zip Code State Transaction ID: 2016012814630-505 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer Occupation Omnicare. Inc. Product Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) Full Name (Last, First, Middle Initial) B. Thomas Weiss Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 11 06 2015 City State Zip Code Transaction ID: 2016012814630-506 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation Omnicare, Inc. **Product Manager** Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) Full Name (Last, First, Middle Initial) c. Thomas Weiss Date of Receipt Mailing Address 201 E. Fourth Street 20 2015 900 Omnicare Center

Name of Employer

Omnicare, Inc.

Product Manager

Receipt For:

Primary

Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Zip Code

45202

TOTAL This Period (last page this line number only).....

State

OH

С

Transaction ID: 2016012814630-507

Amount of Each Receipt this Period

City

Cincinnati

FEC ID number of contributing

federal political committee.

10.00

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) Thomas Weiss Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 04 2015 12 City Zip Code State Transaction ID: 2016012814630-508 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer Occupation Omnicare. Inc. Product Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) Full Name (Last, First, Middle Initial) B. Thomas Weiss Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 12 18 2015 City State Zip Code Transaction ID: 2016012814630-509 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation Omnicare, Inc. Product Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) Full Name (Last, First, Middle Initial) c. Thomas Weiss Date of Receipt Mailing Address 201 E. Fourth Street 31 2015 900 Omnicare Center City Zip Code State Transaction ID: 2016012814630-510 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation Omnicare, Inc. **Product Manager** Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 90 OF 102 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) Craig White Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 09 2015 10 City Zip Code State Transaction ID: 2016012814630-511 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer Occupation Omnicare. Inc. **Pharmacist** Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) Full Name (Last, First, Middle Initial) B. Craig White Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 10 23 2015 City State Zip Code Transaction ID: 2016012814630-512 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation Omnicare, Inc. Pharmacist Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) Full Name (Last, First, Middle Initial) c. Craig White Date of Receipt Mailing Address 201 E. Fourth Street 06 2015 900 Omnicare Center City Zip Code State Transaction ID: 2016012814630-513 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation **Pharmacist** Omnicare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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FOR LINE NUMBER: PAGE 91 OF 102 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) Craig White Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 20 2015 City Zip Code State Transaction ID: 2016012814630-514 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer Occupation Omnicare. Inc. **Pharmacist** Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) Full Name (Last, First, Middle Initial) B. Craig White Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 12 04 2015 City State Zip Code Transaction ID: 2016012814630-515 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation Omnicare, Inc. **Pharmacist** Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) Full Name (Last, First, Middle Initial) c. Craig White Date of Receipt Mailing Address 201 E. Fourth Street 18 2015 900 Omnicare Center City Zip Code State Transaction ID: 2016012814630-516 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation **Pharmacist** Omnicare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

	F	FOR LINE NUMBER: PAGE 92 OF									102
Use separate schedule(s)	(с	(check only one)									
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	Statements may not be sold or used by any pers he name and address of any political committee to	
NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action	Committee	
Full Name (Last, First, Middle Initial)  Craig White  Mailing Address 201 E. Fourth Street		Date of Receipt
900 Omnicare Center City Cincinnati	State Zip Code OH 45202	12 31 2015  Transaction ID : 2016012814630-517  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer  Omnicare, Inc.  Receipt For:  Primary General  Other (specify) ▼	Occupation Pharmacist  Aggregate Year-to-Date ▼  270.00	
Full Name (Last, First, Middle Initial)  Marie Williams  Mailing Address 201 E. Fourth Street 900 Omnicare Center  City	State Zip Code	Date of Receipt  10 09 2015  Transaction ID : 2016012814630-518
Cincinnati  FEC ID number of contributing federal political committee.	OH 45202	Amount of Each Receipt this Period
Name of Employer Omnicare, Inc.  Receipt For:  Primary General Other (specify) ▼	Occupation Director of Account Management  Aggregate Year-to-Date ▼  270.00	
Full Name (Last, First, Middle Initial)  Marie Williams  Mailing Address 201 E. Fourth Street  900 Omnicare Center  City	State Zip Code	Date of Receipt  10 23 2015  Transaction ID : 2016012814630-519
Cincinnati  FEC ID number of contributing federal political committee.	OH 45202	Amount of Each Receipt this Period
Name of Employer  Omnicare, Inc.  Receipt For:  □ Primary □ General □ Other (specify) ▼	Occupation Director of Account Management  Aggregate Year-to-Date ▼  270.00	
SUBTOTAL of Receipts This Page (optional)		30.00
TOTAL This Period (last page this line number	er only)	

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Use separate schedule(s)	(che	eck only	or or	ne)					
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Any information copied from such Reports and St or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full)		
Omnicare, Inc. Political Action C	Committee	
Full Name (Last, First, Middle Initial)  A. Marie Williams		Date of Receipt
Mailing Address 201 E. Fourth Street		M = M / D = D / Y = Y = Y
900 Omnicare Center	State Zip Code	11 06 2015
City Cincinnati	State Zip Code OH 45202	Transaction ID: 2016012814630-520
-	70202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	
Omnicare, Inc.	Director of Account Management	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	270.00	
Full Name (Last, First, Middle Initial)  Marie Williams		Date of Receipt
Mailing Address 201 E. Fourth Street		M = M / D = D / Y = Y = Y
900 Omnicare Center	State 7:- Cod-	11 20 2015
City	State Zip Code	Transaction ID : 2016012814630-521
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	
Omnicare, Inc.	Director of Account Management	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	270.00	
Other (specify) ▼	270.00	
Full Name (Last, First, Middle Initial)  Marie Williams		Date of Receipt
Mailing Address 201 E. Fourth Street		M = M / D = D / Y = Y = Y
900 Omnicare Center City	State Zip Code	12 04 2015
City Cincinnati	OH 45202	Transaction ID: 2016012814630-522
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	
Omnicare, Inc.	Director of Account Management	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify)	270.00	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	30.00
TOTAL This Period (last page this line number of	only)	

FOR LINE NUMBER: PAGE 94 OF 102 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) Marie Williams Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 2015 12 City Zip Code State Transaction ID: 2016012814630-523 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer Occupation Omnicare. Inc. **Director of Account Management** Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) Full Name (Last, First, Middle Initial) B. Marie Williams Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 12 31 2015 City State Zip Code Transaction ID: 2016012814630-524 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation Omnicare, Inc. **Director of Account Management** Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) Full Name (Last, First, Middle Initial) c. Janine Wolfram Date of Receipt Mailing Address 201 E. Fourth Street 09 10 2015 900 Omnicare Center City Zip Code State Transaction ID: 2016012814630-525 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation Omnicare, Inc. Pharmacy General Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) 40.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOF	R LINE	NU	IMBER	:	PAGE	95 OF	:	102
Use separate schedule(s)	(che	ck only	or	ne)					
for each category of the Detailed Summary Page	X	11a		11b		11c	12		
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Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not be sold or used by any per the name and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action	n Committee	
Full Name (Last, First, Middle Initial)  Janine Wolfram  Meiling Addrson 204 F. Faurth Street		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		10 23 _ 2015 _
City 900 Omnicare Center	State Zip Code	Transaction ID : 2016012814630-526
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	1
Omnicare, Inc.	Pharmacy General Manager	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General  Other (specify) ▼	540.00	
Full Name (Last, First, Middle Initial)  Janine Wolfram	•	Date of Receipt
Mailing Address 201 E. Fourth Street		M = M / D = D / Y = Y = Y
900 Omnicare Center City	State Zip Code	11 06 2015 Transaction ID : 2016012814630.527
Cincinnati	OH 45202	Transaction ID: 2016012814630-527  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.00
Name of Employer	Occupation	1
Omnicare, Inc.	Pharmacy General Manager	
Receipt For:	Aggregate Year-to-Date ▼	]
Primary General  Other (specify) ▼	540.00	
Full Name (Last, First, Middle Initial)  C. Janine Wolfram		Date of Receipt
Mailing Address 201 E. Fourth Street  900 Omnicare Center	Otata Zin Onda	M = M / D = D / Y = Y = Y = Y 11 20 2015
City Cincinnati	State Zip Code OH 45202	Transaction ID : 2016012814630-528
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  20.00
Name of Employer	Occupation	-
Omnicare, Inc.	Pharmacy General Manager	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	540.00	
SUBTOTAL of Receipts This Page (optional).		60.00
TOTAL This Period (last page this line numb	er only)	

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) Janine Wolfram Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 04 2015 12 City Zip Code State Transaction ID: 2016012814630-529 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation Omnicare. Inc. Pharmacy General Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) Full Name (Last, First, Middle Initial) B. Janine Wolfram Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 12 18 2015 City State Zip Code Transaction ID: 2016012814630-530 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation Omnicare, Inc. Pharmacy General Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) Full Name (Last, First, Middle Initial) c. Janine Wolfram Date of Receipt Mailing Address 201 E. Fourth Street 31 2015 900 Omnicare Center City Zip Code State Transaction ID: 2016012814630-531 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation Omnicare, Inc. Pharmacy General Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 97 OF 102 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) Michael Wood Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 2015 10 09 City Zip Code State Transaction ID: 2016012814630-532 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation VP, Pharmacy Operations, LTC Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) Full Name (Last, First, Middle Initial) B. Michael Wood Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 10 23 2015 City State Zip Code Transaction ID: 2016012814630-533 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation Omnicare, Inc. VP, Pharmacy Operations, LTC Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) Full Name (Last, First, Middle Initial) c. Michael Wood Date of Receipt Mailing Address 201 E. Fourth Street 06 2015 900 Omnicare Center City Zip Code State Transaction ID: 2016012814630-534 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation Omnicare, Inc. VP, Pharmacy Operations, LTC Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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		13		14		15		16		717

Any information copied from such Reports and St or for commercial purposes, other than using the	ratements may not be sold or used by any personame and address of any political committee to	
NAME OF COMMITTEE (In Full)		
Omnicare, Inc. Political Action C	Committee	
Full Name (Last, First, Middle Initial)  A. Michael Wood		Date of Receipt
Mailing Address 201 E. Fourth Street		M = M / D = D / Y = Y = Y
900 Omnicare Center	State 7:- Cod-	11 20 2015
City Cincinnati	State Zip Code OH 45202	Transaction ID: 2016012814630-535
	70202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Omnicare, Inc.	VP, Pharmacy Operations, LTC	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	540.00	
Full Name (Last, First, Middle Initial)  Michael Wood		Date of Receipt
Mailing Address 201 E. Fourth Street		M = M / D = D / Y = Y = Y
900 Omnicare Center	State 7in Code	12 04 2015
Cincipnati	State Zip Code OH 45202	Transaction ID : 2016012814630-536
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.00
Name of Employer	Occupation	
Omnicare, Inc.	VP, Pharmacy Operations, LTC	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify)	540.00	
Full Name (Last, First, Middle Initial)  Michael Wood		Date of Receipt
Mailing Address 201 E. Fourth Street		M M / D D / Y Y Y Y
900 Omnicare Center		12 18 2015
City	State Zip Code	Transaction ID: 2016012814630-537
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Omnicare, Inc.	VP, Pharmacy Operations, LTC	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	540.00	
SUBTOTAL of Receipts This Page (optional)		60.00
TOTAL This Period (last page this line number of	only)	

# SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 99 OF

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TEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one)       X     11a     11b     11c     12       13     14     15     16     17
Any information copied from such Reports and Statements mor for commercial purposes, other than using the name and a		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committe	e	
Possint For:	Zip Code 45202  n acy Operations, LTC  Year-to-Date ▼  540.00	Date of Receipt  12 31 2015  Transaction ID: 2016012814630-538  Amount of Each Receipt this Period  20.00
Possint For:	Zip Code 45202  Clinical Officer  Year-to-Date ▼  1080.00	Date of Receipt  M M M / D D / 2015  Transaction ID: 2016012814630-539  Amount of Each Receipt this Period  40.00
Possint For:	Zip Code 45202  Clinical Officer  Year-to-Date ▼  1080.00	Date of Receipt  10 23 2015  Transaction ID: 2016012814630-540  Amount of Each Receipt this Period  40.00
SUBTOTAL of Receipts This Page (optional)		100.00

FOR LINE NUMBER: PAGE 100 OF 102 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) Barbara Zarowitz Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 2015 11 06 City Zip Code State Transaction ID: 2016012814630-541 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation VP, Chief Clinical Officer Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 1080.00 Other (specify) Full Name (Last, First, Middle Initial) B. Barbara Zarowitz Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 11 20 2015 City State Zip Code Transaction ID: 2016012814630-542 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation Omnicare, Inc. VP, Chief Clinical Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 1080.00 Other (specify) Full Name (Last, First, Middle Initial) c. Barbara Zarowitz Date of Receipt Mailing Address 201 E. Fourth Street 04 2015 900 Omnicare Center City Zip Code State Transaction ID: 2016012814630-543 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Name of Employer Occupation VP, Chief Clinical Officer Omnicare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 1080.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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FOR LINE NUMBER: PAGE 101 OF 102 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action Committee Full Name (Last, First, Middle Initial) Barbara Zarowitz Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 2015 12 City Zip Code State Transaction ID: 2016012814630-544 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation VP, Chief Clinical Officer Omnicare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 1080.00 Other (specify) Full Name (Last, First, Middle Initial) B. Barbara Zarowitz Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 12 31 2015 City State Zip Code Transaction ID: 2016012814630-545 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation Omnicare, Inc. VP, Chief Clinical Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 1080.00 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 80.00 SUBTOTAL of Receipts This Page (optional)..... 4989.28 TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	•
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one)  22 23 24 25 26 28a 28b 28c X 29 30b
Any information copied from such Reports and Sta or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) Omnicare, Inc. Political Action C		ai committee to	Solicit Contributions from Such Committee.
Full Name (Last, First, Middle Initial)			
A. US BANK			Date of Disbursement
Mailing Address P.O. Box 1800			10 15 2015
City Saint Paul	State Zip Code MN 55101		Transaction ID : M2BFCF702740BE53C341
Purpose of Disbursement Bank Fees			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	139.92
Senate President	rsement For:  Primary General  Other (specify)	туре	
State: District:			
Full Name (Last, First, Middle Initial)  B. US BANK			Date of Disbursement
Mailing Address P.O. Box 1800			11 16 2015
City Saint Paul	State Zip Code MN 55101		Transaction ID : M85BA4DACB76B5F7973B
Purpose of Disbursement Bank Fees		· · · ·	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	406.29
Office Sought:  House Senate President State:  Disbut	rsement For: Primary General Other (specify) ▼	,,	
Full Name (Last, First, Middle Initial)  C. US BANK			Date of Disbursement
Mailing Address P.O. Box 1800			12 14 2015
City Saint Paul	State Zip Code MN 55101		Transaction ID: M456EE22B387910D0F16
Purpose of Disbursement Bank Fees  Candidate Name			Amount of Each Disbursement this Period
		Category/ Type	485.18
Office Sought:  House Senate President State:  Disbut	rsement For: Primary General Other (specify) ▼		
			1031.39
SUBTOTAL of Disbursements This Page (optional	<u>'</u>		
TOTAL This Period (last page this line number o	nly)		1031.39